

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046775

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6315

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Entry

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. <b>FILED JAN 7 1963</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Independence</b>	
Length of stay in 1b <b>1/2 Day</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Osteopathic Hosp. 926 E. 11th</b>		d. STREET ADDRESS (If outside, give location) <b>9609 East 33rd St.</b>	
Inside Limits <b>No</b> <input type="checkbox"/>		Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print)		4. <b>DATE OF DEATH</b>	
First <b>WILLIAM</b> Middle <b>C.</b> Last <b>BOETJER</b>		Month <b>Dec.</b> Day <b>10.</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-9-1896</b>
9. AGE (last birthday) <b>66 Yrs</b>		IF UNDER 1 YEAR <b>Months</b> <b>Days</b> <b>Hours</b> <b>Min.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Palmyra Missouri</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Rudolph Boetjer</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Lucile E. Boetjer</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW #1</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Mrs. Lucile Boetjer 9609 E. 33rd St.</b>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cardiac &amp; Respiratory failure</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Congestive Heart Failure</b>			
DUE TO (c) <b>Coronary Arteriosclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>12-10-62</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kansas City, Missouri</b>	
21. I attended the deceased from <b>1950</b> to <b>12-10-62</b> and last saw him alive on <b>12-10-62</b>		Death occurred at <b>Caterpillar Hospital</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>W. L. Boetjer</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>4949 Lucas Parkway KC, Mo</b>	
22c. DATE SIGNED <b>12-12-62</b>		23a. BURL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12-13-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		24. FUNERAL DIRECTOR <b>Stine &amp; McClure Kansas City, Missouri</b>	
25. DATE RECD. BY LOCAL REG. <b>12-12-62</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

Dr. Anthony D.  
4949 Sunrise Hwy  
WA 4-7383  
1:00 - 7:00

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard L. Powers

Licensed Embalmer No. 5170

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.